State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services Toxic Substances Control Division Sacramento, California Please print or type. (Form designed for use on elite (12-pitch typewriter). and Front of Page 7 UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest Document No. 2. Page 1 Information in the shaded areas CAD 1000 826 809 WASTE MANIFEST of is not required by Federal law. DEL DAR AVIONICS A. State Manifest Document Number 1601 ALTON,,, IRVINE, CA 92716 B. State Generato 4. Generator's Phone (714) 250-3200 5. Transporter 1 Company Name US EPA ID Number 6. C. State Transporter's ID OMEGA RECOVERY SERVICES CAD 042 245 001 D. Transporter's Phone 213 698 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES US EPA ID Number G. State Facility's ID CALL CIAIDIUI412121415TAA11 12504 E. WHITTIER BLVD WHITTIER, CA 90602 CAD 042 245 001 213 698-0991 12. Containers 13. Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 14. Unit Quantity Waste No. No. Туре Wt/Vol HAZARDOUS WASTE SOLID, N.O.S NA 9188 ORM E 471,212 (PAINT FILTERS) FLAMMABLE EPA/Other F003.F005 b. Sta 10035 1-800-424-8802 EPA/Other State EPA/Other CENTER d. State EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above d. NATIONAL 15. Special Handling Instructions and Additional Information PROFILE NUMBER B10281 뿚 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL, If I am a large o .....ity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. OR Printed/Typed Name Day 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 9 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

oose ana

Printed/Typed Name DLOMON

Day Year

Month

DHS 8022 A (1/88) EPA 8700-22

(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line